

**SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM  
VACCINES FOR CHILDREN PROGRAM (VFC) ELIGIBILITY  
REPORTING FORM (2018-2019)**

Complete and attach this form to the Vaccine Ordering Form when it is submitted.

Name of school district: \_\_\_\_\_

Name of school: \_\_\_\_\_

- 1) How many students are attending your school in the 2018-2019 school year?
  
- 2) Of the students who have not been vaccinated; how many are VFC eligible by one of the following criteria:
  - a) Number enrolled of Alaskan Native: \_\_\_\_\_
  - b) Number of American Indian: \_\_\_\_\_
  - c) Number who are Medicaid eligible: \_\_\_\_\_
  - d) Number with no Insurance or uninsured: \_\_\_\_\_
  - e) Number who are underinsured (health insurance plan does not cover vaccinations): \_\_\_\_\_
  
- 3) How many students who are eligible for the Vaccines for Children (VFC) Program **have not been vaccinated** with the Hepatitis B, MCV, Tdap, DTaP, MMR, polio and varicella vaccine (s)?

\_\_\_\_\_ Hepatitis B  
\_\_\_\_\_ MCV  
\_\_\_\_\_ Tdap

\_\_\_\_\_DTaP  
\_\_\_\_\_MMR

\_\_\_\_\_Polio  
\_\_\_\_\_Varicella

The Division of Immunizations will **not** provide vaccines without this attachment. Thank you for your cooperation. Include this eligibility form with your vaccine order.